

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.L./

<p>Substitute for form 1449/PTO (Revised 07/2005)</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>		Complete if Known	
		Application Number	To be assigned
		Filing Date	Concurrently herewith
		First Named Inventor	Matti Puputti
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
Sheet	2	of	2
		Attorney Docket Number	
		042933/315610	

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

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2 of

OTHER DOCUMENTS

Examiner Signature	/Rong Le/	Date Considered	05/28/2009
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